

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

GILES S. PORTER, M.D., Director

Weekly Bulletin

STATE BOARD OF PUBLIC HEALTH

JOHN H. GRAVES, M.D., President

EDWARD M. PALLETTE, M.D., Vice President

GEORGE H. KRESS, M.D.

JUNIUS B. HARRIS, M.D.

WM. R. P. CLARK, M.D.

GIFFORD L. SOBEY, M.D.

GILES S. PORTER, M.D.

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912. Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. XII, No. 3

February 18, 1933

GUY P. JONES
EDITOR

Food for Health

"What we eat has a great deal to do with what we are. Many recent discussions of what we should eat have rightly emphasized the 'protective foods' which authorities on nutrition agree are essential, if health is to be maintained.

Milk and eggs, vegetables and fruits, bread and cereals, fats and sugar, meat and fish are, all of them necessary kinds of food.

A wholesome, inexpensive, yet an adequate diet, can be provided if we understand and use a few fundamental principles in the selection of it. First, we must know how much of each kind of food is needed. This should be decided by the age and activity of the individual. Second, we must know which foods are most appetizing, yet inexpensive. For without this element of appeal to the palate any dietary is likely to be ineffective. Lastly, variety is the spice of life. This important element must never be overlooked. The problem is to get variety and still not overlook the essential elements for growth and development.

Public welfare officials are making every effort to provide adequate food for families under their care. Their problem is to keep the cost at the lowest possible amount consistent with the requirements of adequate food allowances.

Many parents in families *not* receiving public relief are likewise interested in this same problem.

At the request of the temporary Emergency Relief

Administration of New York State, experts on nutrition have prepared and published standard food allowances for families of different sizes. These experts in the field of nutrition agree that it is important for the health of the family, to provide the following amounts of food for each individual.

1. Milk

One quart of milk should be allowed daily for each child under sixteen years of age, for each under-nourished adult and for each nursing mother or pregnant woman. One pint of milk should be allowed for each other member of the family. This amount includes milk drunk, and used in cooked foods. It may be fresh milk, preferably pasteurized, or unsweetened evaporated or dried milk, depending on local prices and conditions. (One tall can of unsweetened evaporated milk is equal in food value to one quart of pasteurized fresh milk.) Under any and all circumstances, at least one pint of milk a day should be provided for each individual in the family.

2. Vegetables and Fruits

Vegetables and fruits are essential for health. A safe allowance provides at least six pounds of vegetables per person weekly. This allowance should include at least three pounds of potatoes and some cabbage, the remainder being chosen from vegetables and fruits listed in food orders. In addition, not less than one-half can of tomatoes and one-half to three-

fourths of a pound of dried beans, peas, or dried fruit should be allowed per person, each week.

3. Bread and Cereals

Four to five pounds of bread and cereals should be allowed per person each week, including some whole wheat bread and some whole grain cereal, such as oatmeal.

4. Fats and Sugars

One-half to three-fourths of a pound of fat and not over three-fourths of a pound of sugar or its equivalent in other sweetening should be allowed for each person each week.

5. Eggs and Meat

This allowance should include at least three eggs per week for each child under six years of age. When eggs are inexpensive, they should be provided liberally, but no child under six should have more than one egg daily.

The allowance should include at least one pound of inexpensive meat or fish and a small amount of cheese per person per week.

6. Sundries

In addition, an allowance should be included for sundries. These should include seasonings, cocoa, tea and coffee.

7. Cod-liver Oil

Authorities on nutrition recommend cod-liver oil should be included in the diet of all children under two years of age and that it should be given to all young children who are not well nourished.

A practical trial of the standard food allowances recommended has determined that food, sufficient to provide attractive, as well as filling meals for two persons, cost at current retail prices, \$3.30 per week in New York State.—From New York State Department of Health.

CHANGES IN HEALTH OFFICERS

Dr. I. O. Church has now become established as Health Officer of Alameda County. Dr. Church was formerly Health Officer of Contra Costa County. In the reorganization of the county health and medical service in Alameda County several months were required in the actual transfer of the work of the County Health Officer to Dr. Church.

Mr. H. A. Fiscus has been appointed Health Officer of the city of Sonoma, replacing Mr. J. F. Tate.

Intelligence is the most potent factor that can be directed against disease.—F. M. Pottenger.

AMERICAN PUBLIC HEALTH ASSOCIATION TO MEET IN INDIANAPOLIS

The American Public Health Association, foremost sanitary organization in the United States, announces its sixty-second annual meeting, to be held in Indianapolis, Indiana, October 9-12, 1933.

It was in Indianapolis in 1900 at the twenty-ninth convention of the American Public Health Association that Dr. Walter Reed read a paper entitled "The Etiology of Yellow Fever—A preliminary note," indicating that the mosquito serves as the intermediate host for the parasite of yellow fever. History was being made in the Old German House that day, yet it is reported by some of those present that the epochal report was received with only mild interest.

At the sixty-second annual meeting it is planned to honor the only living participant in the famous yellow fever experiment, Dr. John R. Kissinger, at a special memorial session.

The scientific program will discuss every aspect of modern public health practice, from the viewpoint of the health officer, the laboratory worker, the epidemiologist, the child hygienist, the industrial hygienist, the nurse, the vital statistician, the health educator, the food and nutrition expert, the sanitary engineer. Distinguished scientific pronouncements may be expected from the outstanding personalities in the public health profession who will contribute to the program.

The American Public Health Association, 450 Seventh Avenue, New York City, will be glad to send more complete information about its Indianapolis annual meeting to anyone interested.

PROTECTION OF THE EYES

The most tragic sequel to gonorrhea in the pregnant woman is contamination of the eyes of the baby at the time of birth, with blindness as a result unless the proper treatment is promptly given. This disease is responsible for a large proportion of all cases of blindness from birth. The results of wide public recognition of this fact and the more general use of the necessary prophylactic treatment, has brought down the percentage of blindness caused by gonorrheal infection at birth among new admissions to schools for the blind from 28 per cent in 1907 to 9 per cent in 1930. This indicates an enormous saving of the taxpayer's money previously spent on the blind victims of this disease.

Other diseases of the eyes caused by syphilis can also be prevented by treatment at the right moment.

EAST BAY MUNICIPAL UTILITY DISTRICT WATER SUPPLY FREE OF CROSS CON- NECTIONS

Cross connections between public and private water supplies constitute a possible menace to the purity of public supplies. It often happens that a private water supply may become contaminated, and through its connection with a public supply the contamination may then enter the large mains which supply large numbers of people. The East Bay Municipal Utility District of Oakland, after an active and intensive campaign, has now eliminated all cross connections between its water piping and that of premises having private sources. In the course of this campaign more than two thousand private sources of water supply were investigated. Since the district serves a large number of cities in Alameda County, it was impossible to secure disconnections through the enforcement of local regulations and the State Board of Public Health on March 12, 1932, issued an order to the District which required customers to eliminate their cross connections or else to install suitable double-check valves, which the district agreed to supervise.

As a result, 80 per cent of the consumers agreed to abandon their own private supplies which had become inadequate, or unsuitable, or else to abandon the public supply. Of the 408 remaining cross connections discovered, 51 consumers chose to bring the public supply into their own service tanks through an overhead discharge. One hundred seventy-seven decided to abandon the public supply except for emergency purposes and remove sections of piping with the understanding that they would not be replaced except with the consent of the officials of the East Bay Municipal Utility District.

Ninety-six consumers installed double-check valves, according to a plan of installation approved by the State Bureau of Sanitary Engineering. The size of these check valves varied from $\frac{1}{2}$ -inch to 12-inch diameter. The district officials are now preparing to make periodic tests for water-tightness of these check valves. It was part of the program that every consumer who had a dual supply of water signed an agreement not to permit any future cross connections between his supply and the district system. For some years it has been the policy of the district to refuse new service to premises where a dual supply existed.

The consummation of this program, to date, is the issuance of a full permit to the East Bay Municipal Utility District under the Sanitary Water Systems Act, and the certification of this well managed supply by the United States Public Health Service, for use on common carriers.

SOCIAL COSTS OF SYPHILIS AND GONORRHEA

Gonorrhea is an important cause of blindness, particularly in newborn babies, and it is a chief cause of sterility in men and women. It brings lowered efficiency to women wage earners, much suffering and even death from the various complications which may follow the primary infection. Frequent estimates place half of all gynecological operations as the result of this disease.

To syphilis is due about 15 per cent of blindness and an even larger percentage of partial loss of eyesight, from 15 to 20 per cent of heart and blood conditions, and 11 per cent of new admissions to mental hospitals.

The greatest number of cases of both diseases are first contracted at about 21 years of age and the majority of cases needing active treatment range from 15 to 30 years of age.

"Pain, sickness, and bereavement have shadowed mankind throughout the ages; today there is a vast amount of unnecessary sickness and many thousands of unnecessary deaths. Syphilis and gonorrhea destroy fertility, deform babies and wreck homes."—Ray Lyman Wilbur, M.D., from the introduction to the Final Report of the Committee on the Costs of Medical Care.

PUBLIC HEALTH NURSING IN SANTA ROSA

The annual report of the Santa Rosa Chapter of the American Red Cross on its public health nursing activities during 1932 has been received. A total of 1853 nursing visits was made during the year. For those who were able to pay, a charge of \$1.50 a visit was made, but most of the service rendered was free. There was a total attendance of 807 at well baby conferences held during the year. Nurses made 456 maternity visits, 84 tuberculosis visits, 488 other communicable disease visits, 606 noncommunicable disease visits, and 219 visits related to health supervision.

Miss Elizabeth Hill is the public health nurse, G. H. Beine chairman of the nursing activities committee, and Floyd Bailey chairman of the Santa Rosa Chapter of the American Red Cross.

No problem touching the question of social betterment is free from the complication of the venereal diseases. Since these complications can not be ignored, it becomes the duty of all intelligent men and women to assist in the fight to which the Federal government, the states, the counties, and municipalities are by law committed.—Hugh S. Cummings, M.D.

WHAT IS HAPPENING TO THE FREE CLINICS NOW?

Even in normal times many free clinics were overcrowded and under-staffed. With the deepening of the depression and the disheartening increase of case-load, augmented by persons formerly able to pay for private care, many of these clinics find themselves totally unable to meet the situation. In some cases they even lack the necessary drugs. Conditions are frequently so intolerable, because of the serious overcrowding, long waiting, hurried attention and lack of privacy, that patients give up in despair refusing to continue treatment. These untreated individuals then become doubly dangerous to themselves and to others and increase the total number of infectious persons in the community.

ECONOMIC LOSS DUE TO THESE DISEASES

One hundred million dollars a year is a conservative estimate of the cost of medical care in the United States for ambulatory and hospital patients with syphilis or gonorrhea. This includes about \$12,000,000, the amount spent for care in institutions of patients with general paralysis of the insane and syphilis of the nervous system. The State Department of Health in New York estimated the cost of medical care for syphilis and gonorrhea in up-state New York, as eight and a half million dollars per year. In a city of 800,000 population a recent careful estimate of such costs as are analysable in terms of public and private money mounted to \$2,500,000 annually. The loss of wages due to syphilis and gonorrhea for the nation as a whole is estimated to be \$84,000,000.

MORBIDITY*

Diphtheria

64 cases of diphtheria have been reported, as follows: Oakland 2, Fresno County 1, Fresno 1, Kern County 1, Los Angeles County 5, Glendale 1, Long Beach 1, Los Angeles 36, San Fernando 1, Santa Monica 1, Torrance 1, Sacramento 2, San Diego 1, San Francisco 4, Tracy 1, San Jose 1, Sonoma County 1, Santa Rosa 2, Stanislaus County 1.

Influenza

183 cases of influenza have been reported. Those communities reporting 10 or more cases are as follows: Los Angeles County 23, Los Angeles 66, San Francisco 31.

* From reports received on February 14th for week ending February 11.

Measles

363 cases of measles have been reported. Those communities reporting 10 or more cases are as follows: Los Angeles County 52, Glendale 20, Long Beach 37, Los Angeles 158, Maywood 23, Ontario 20.

Scarlet Fever

195 cases of scarlet fever have been reported. Those communities reporting 10 or more cases are as follows: Fresno County 13, Los Angeles County 21, Los Angeles 66.

Whooping Cough

273 cases of whooping cough have been reported. Those communities reporting 10 or more cases are as follows: Berkeley 17, Humboldt County 16, Los Angeles County 27, Los Angeles 26, Brea 13, San Diego 14, San Francisco 55.

Smallpox

39 cases of smallpox have been reported, as follows: Los Angeles 33, San Jose 6.

Typhoid Fever

5 cases of typhoid fever have been reported, as follows: Napa County 1, Riverside County 2, Sacramento County 1, Santa Clara County 1.

Meningitis (Epidemic)

2 cases of epidemic meningitis have been reported, as follows: San Fernando 1, Santa Ana 1.

Poliomyelitis

One case of poliomyelitis from Long Beach has been reported.

Food Poisoning

7 cases of food poisoning have been reported, as follows: Vernon 3, San Francisco 4.

Coccidioidal Granuloma

One case of coccidioidal granuloma from Fresno County has been reported.

Septic Sore Throat

One case of septic sore throat from San Francisco has been reported.

Undulant Fever

One case of undulant fever from Los Angeles has been reported.